

FOR UTILITY/DESIGN
CIP/PCT NATIONAL/PLANT
ORIGINAL/SUBSTITUTE/SUPPLEMENTAL
DECLARATIONS

RULE 63 (37 C.F.R. 1.63)
DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PM&S
FORM

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the INVENTION ENTITLED Telecommunications Method and Suitable System for Establishing a Connection with a Mobile Device

the specification of which (CHECK applicable BOX(ES))

X -> ☒ is attached hereto.
BOX(ES) -> ☐ was filed on _____ as U.S. Application No. 0 _____
-> ☒ was filed as PCT International Application No. PCT/CH 9800510 on 2 December 1998
-> and (if U.S. or PCT application amended) was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application:

PRIOR FOREIGN APPLICATION(S)			Date first Laid- open or Published	Date Patented or Granted	Priority Claimed Yes No
Number	Country	Day/MONTH/Year Filed			
1585/98	Switzerland	27.07.1998			Yes

I hereby claim domestic priority benefit under 35 U.S.C. 119/120/365 of the indicated United States applications listed below and PCT international applications listed above or below and, if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of each such prior application and the national or PCT international filing date of this application:

PRIOR U.S. PROVISIONAL, NONPROVISIONAL AND/OR PCT APPLICATION(S)		Status	Priority Claimed Yes No
Application No. (series code/serial no.)	Day/MONTH/Year Filed	pending, abandoned, patented	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint Pillsbury Madison & Sutro LLP, Intellectual Property Group, 1100 New York Avenue, N.W., Ninth Floor, East Tower, Washington, D.C. 20005-3918, telephone number (202) 861-3000 (to whom all communications are to be directed), and the below-named persons (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, and I hereby authorize them to delete names/numbers below of persons no longer with their firm and to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/ organization who/which first sends/sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct the above Firm and/or a below attorney in writing to the contrary.

Paul N. Kokulis	16773	Donald J. Bird	25323	Lynn E. Eccleston	35861	Roger R. Wise	31204
Raymond F. Lippitt	17519	Peter W. Gowdey	25872	David A. Jakopin	32995	Jay M. Finkelstein	21082
G. Lloyd Knight	17698	Dale S. Lazar	28872	Mark G. Paulson	30793	Anita M. Kirkpatrick	32617
Carl G. Love	18781	Glenn J. Perry	28458	Timothy J. Klima	34852	Michael R. Dzwonczyk	36787
Edgar H. Martin	20534	Kendrew H. Colton	30368	Stephen C. Glazier	31361	W. Patrick Bengtsson	32456
William K. West, Jr.	22057	Paul E. White, Jr.	32011	Paul F. McQuade	31542	Jack S. Barufka	37087
Kevin E. Joyce	20508			Ruth N. Morduch	31044	Adam R. Hess	41835
George M. Sirilla	18221	G. Paul Edgell	24238	Richard H. Zaitlen	27248		

1. INVENTOR'S SIGNATURE: [Signature] Date 05.12.2000

Inventor's Name (typed) Michael | - | KOCH | Switzerland
First Middle Initial Family Name Country of Citizenship
Residence (City) 3032 Hinterkappelen (State/Foreign Country) Switzerland CHX
Post Office Address (Include Zip Code) Kappelenring 21, 3032 Hinterkappelen (Switzerland)

2. INVENTOR'S SIGNATURE: [Signature] Date 05.12.2000

Inventor's Name (typed) Werner | - | HIRZEL | Switzerland
First Middle Initial Family Name Country of Citizenship
Residence (City) 3145 Niederscherli (State/Foreign Country) Switzerland CHX
Post Office Address (Include Zip Code) Bifitstrasse 63, 3145 Niederscherli (Switzerland)

3. INVENTOR'S SIGNATURE: [Signature] Date 05.12.2000

Inventor's Name (typed) Martin | - | METER | Switzerland
First Middle Initial Family Name Country of Citizenship
Residence (City) 3000 Bern 6 (State/Foreign Country) Switzerland CHX
Post Office Address (Include Zip Code) Königweg 1, 3000 Bern 6 (Switzerland)

(FOR ADDITIONAL INVENTORS, check box ☒ and attach sheet (PAT-116.2) for same information for each re signature, name, date, citizenship, residence and address.)

DECLARATION AND POWER OF ATTORNEY

(continued)

ADDITIONAL INVENTORS:

Page 2

4. INVENTOR'S SIGNATURE: [Signature] Date 05.12.2000

400
Inventor's Name (typed) Anton Niklaus STADELMANN Switzerland
First Middle Initial Family Name Country of Citizenship
Residence (City) 3065 Bolligen Switzerland
(State/Foreign Country)
Post Office Address (Include Zip Code) Bodenacker 69, 3065 Bolligen (Switzerland)

5. INVENTOR'S SIGNATURE: _____ Date _____

Inventor's Name (typed) _____
First Middle Initial Family Name Country of Citizenship
Residence (City) _____
(State/Foreign Country)
Post Office Address (Include Zip Code) _____

6. INVENTOR'S SIGNATURE: _____ Date _____

Inventor's Name (typed) _____
First Middle Initial Family Name Country of Citizenship
Residence (City) _____
(State/Foreign Country)

Post Office Address (Include Zip Code) _____

7. INVENTOR'S SIGNATURE: _____ Date _____

Inventor's Name (typed) _____
First Middle Initial Family Name Country of Citizenship
Residence (City) _____
(State/Foreign Country)

Post Office Address (Include Zip Code) _____

8. INVENTOR'S SIGNATURE: _____ Date _____

Inventor's Name (typed) _____
First Middle Initial Family Name Country of Citizenship
Residence (City) _____
(State/Foreign Country)

Post Office Address (Include Zip Code) _____

9. INVENTOR'S SIGNATURE: _____ Date _____

Inventor's Name (typed) _____
First Middle Initial Family Name Country of Citizenship
Residence (City) _____
(State/Foreign Country)

Post Office Address (Include Zip Code) _____

10. INVENTOR'S SIGNATURE: _____ Date _____

Inventor's Name (typed) _____
First Middle Initial Family Name Country of Citizenship
Residence (City) _____
(State/Foreign Country)

Post Office Address (Include Zip Code) _____

11. INVENTOR'S SIGNATURE: _____ Date _____

Inventor's Name (typed) _____
First Middle Initial Family Name Country of Citizenship
Residence (City) _____
(State/Foreign Country)

Post Office Address (Include Zip Code) _____

FOR ADDITIONAL INVENTORS, check box ☐ and attach sheet with same information and signature and date for each.